

Case # 15 - 017 BPRAPPLICATION FOR **DEVELOPMENT**

PLEASE CHECK THE TYPE OF REVIEW

- ☐ West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
- ☒ Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
- ☐ Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- | | |
|---|--|
| <input checked="" type="checkbox"/> Basic Plan Review | <input type="checkbox"/> Minor Project |
| <input checked="" type="checkbox"/> Development Plan Review | <input checked="" type="checkbox"/> Site Plan Review |
| <input checked="" type="checkbox"/> Waiver Review | <input type="checkbox"/> Master Sign Plan |
| <input type="checkbox"/> Open Space Fee-in-Lieu | <input type="checkbox"/> Parking Plan |
| <input type="checkbox"/> City Council Appeal | <input type="checkbox"/> Administrative
Departure |

Wireless Applications

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> New Tower | <input type="checkbox"/> Co-Location |
| <input type="checkbox"/> Alternative Structure | <input type="checkbox"/> Temporary |

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Administrative Appeal | |
| <input type="checkbox"/> Project involving modifications to property within the Architectural Review District | |
| <input type="checkbox"/> Other: _____ | |

SUBMISSION REQUIREMENTS

- ☒ **Fee** (refer to the approved fees list)
- ☒ **Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- ☒ **Submission Requirements** for each type of application (refer to checklists)
- ☒ **Legal Description and/or Property Survey** for the subject property

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 5000 Upper Metro Place, Dublin, Ohio 43017

Tax ID/Parcel Number(s):
273-009971-00

Parcel Size(s) in Acres:
2.574

Existing Land Use/Development:
Commercial

Zoning District:
Commercial District

☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.

☒ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization):

ICH Dublin Hotel, LLC
in care of: Nelson Yoder

Mailing Address:

555 Metro Place North
Suite 600
Dublin, Ohio 43017

Daytime Telephone:

614-335-2020

Fax:

614-850-9191

Email or Alternate Contact Information:

nyoder@crawfordhoying.com

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:

Next Decision Due Date:

Final Date of Decision:

Determination:

Director's (or Designee's) Signature:

RECEIVED

FEB 25 2015
15-017 BPR
CITY OF DUBLIN

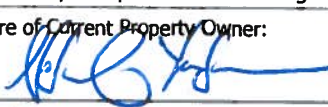
III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) ICH Dublin Hotel, LLC in care of: Nelson Yoder	
Mailing Address: 555 Metro Place North, Dublin Ohio 43107	
Daytime Telephone: 614-335-2020	Fax: 614-850-9191
Email or Alternate Contact Information: nyoder@crawfordhoying.com	

IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

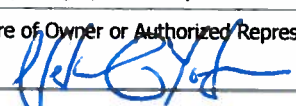
Name: (Individual or Organization) Michael Burmeister; OHM Advisors	
Mailing Address: 101 Mill Street, Suite 200, Gahanna Ohio 43230	
Daytime Telephone: 614-418-0600	Fax: 614-418-0614
Email or Alternate Contact Information: mike.burmeister@ohm-advisors.com	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.


I, Nelson Yoder , the owner , hereby authorize Michael Burmeister to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: 	Date: 2.23.2015

☐ Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, Nelson Yoder , the owner or authorized representative , hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative: 	Date: 2.23.2015

VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, Nelson Yoder , the owner or authorized representative , have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner or Authorized Representative: 	Date: 2.23.2015

☐ Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this **23** day of **Feb**, 20 **15**

State of **Ohio**

County of **Franklin**



{Notary Public Seal}
Dawn K. Russell

Notary Public, State of Ohio
My Commission Expires 08-25-2018

